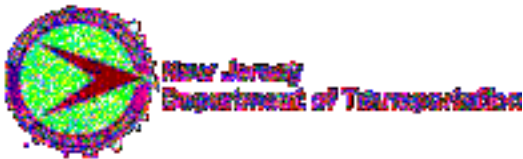




# Police Guide for Preparing Reports of Motor Vehicle Crashes



# Introduction

This comprehensive manual was created by a dedicated group of professionals to help you understand what the requirements are in filing the NJTR- 1. Each data element is explained in detail and provides you with information supported by law and expert opinion.

N.J.S.A. 39-4-131 states:

“Every law enforcement officer who investigates a vehicle accident\* of which report must be made as required in this Title, or who otherwise prepares a written report as a result of an accident\* or thereafter by interviewing the participants or witnesses, shall forward a written report of the accident\* to the division, on forms furnished by it, within five days after his investigation of the accident\*.”

The investigation and reporting of motor vehicle crashes is a necessary duty of a police officer. Reports are intended to help reduce the number of crashes, deaths and injuries through the collection of data elements and study how they occur. You play a vital role in the collection of this data and it is imperative that you understand each piece of information that you enter.

*We gratefully acknowledge the following individuals for making this manual a reality.*

Chief Anthony Parenti- New Jersey Police Traffic Officer’s Association

Kenneth Kyte- New Jersey Department of Transportation

Al Tindall-New Jersey Division of Highway Traffic Safety

Lt. Mark J. Wilson- Voorhees Township Police Department

Chief William Cicchetti-Washington Township Police Department (Bergen County)

Lt. Thomas Lucas-Bergenfield Police Department

Lt. Thomas Banca- Wood-Ridge Police Department

Lt. Stephen O’Conor-Vernon Township Police Department

Sgt. Michael Resetar-Ocean Township Police Department (Monmouth County)

Sgt. Richard Maxwell- Colts Neck Police Department

Cpl. Steven Branco- Washington Township Police Department (Gloucester County)

Lt. Peter Crook-Margate Police Department

SFC. Paul Krupa-New Jersey State Police

Michael D’Ecclessis-Court Administrator, City of Plainfield

Technical Assistance, Det. Mark Buckley, Voorhees Township Police Department

\* Statutory Language

# History of Crash Reporting

Historically, most traffic crash reports were intended, and used, primarily as simple “Who, What, Where, When and maybe Why chronicles. In this age of ever decreasing resources, and ever increasing needs, the ability to provide timely, accurate data to Highway Safety Officials becomes increasingly urgent, because it allows traffic safety officials to “do more with less”.

Each traffic Crash Report is a memorialization of a “reportable” crash. The circumstances are rarely ideal as the officer must perform triage in attending to injured persons, minimize the impact and risk to surrounding traffic and then survey and analyze the crash scene.

Pursuant to the requirements of N.J.S.A. 39:4-13 1, an officer investigating a motor vehicle accident must submit to Motor Vehicle Services a completed crash report within five (5) days. The reports are submitted by all law enforcement agencies in the State for any “reportable” motor vehicle traffic crash resulting in injury to or death of any person, or damage to property of any one person in excess of \$500.00. As a result, approximately 280,000 crash reports are produced annually.

The Division of Highway Traffic Safety (DHTS) is responsible for allocating funds from the National Highway Traffic Safety Administration (NHTSA) for the purpose of creating programs aimed at improving the safety of New Jersey roadways. As such, crash reporting information is critical in the decision-making process of numerous initiatives of this Division. Currently, DHTS relies on manual input of summary information and/or information received from other agencies such as MVS and DOT.

There are several Agencies that rely on the data that you submit. Some of them are:

Division of Highway Traffic Safety

Division of Motor Vehicles

Division of State Police

Department of Transportation

Department of the Treasury

Department of Insurance

Department of Education

Department of Human Services

Office of Emergency Management Services

County and Municipal Traffic Engineers

County and Municipal Traffic Officers

# Preliminary Instruction Guide

On July 16, 1997, The National Safety Council's Board of Directors passed a motion to eliminate the word ACCIDENT and replace it with the word CRASH. The reason for the motion was to change people's way of think about crashes. An accident is defined as "An unexpected or undesired event, chance or fortune" while a crash is "to cause a vehicle or aircraft to have a collision, to be involved in a crash." This reinforces the philosophy that crashes don't just happen; they have causes and can be prevented.

Although Title 39 has not yet changed to reflect this new trend in terminology the changes have been made in this manual.

The most recent NJTR-1 went into effect on January 1, 1996. Some changes throughout the new report for should be noted:

The supplemental Commercial Vehicle Report form has been eliminated. All information from the old report will now be placed in boxes 109, 110, 111, 112 and 113 on the NJTR-1.

- Commercial Vehicles: Though a vehicle displays commercial plates it does not necessarily mean that the vehicle will be considered a commercial vehicle for crash report purposes. For crash report purposes, a CMV is defined as any one of the following:
  - A) A vehicle that has a GVWR of 10,001 pounds or more
  - B) A vehicle that carries hazardous material and is required to display placards
  - C) A vehicle that carries 16 or more people, including the driver
  - D) Any other vehicle that requires a CDL, e.g. Livery/Limo
- All 123 boxes on the Crash Report must be completed, even if you only enter a dash.
- Boxes 73 & 96, eye color: Make sure to use the appropriate numerical code for the eye color:  
1 Black, 2 Brown, 3 Gray, 4 Blue, 5 Hazel, 6 Green, 7, 8, 9 Special
- Be very specific when entering the location of the crash. This information must be completed in order to pinpoint the exact location of the crash for geo-code processing.
- All reportable crash reports must be forwarded to the processing agency.
- Use a dash (-) to indicate non-applicable boxes
- Use a zero (0) to indicate the information required is unknown
- Use an asterisk (\*) to indicate that none of the choices apply and you will explain in the narrative
- If a box calls for a two digit numeric answer be sure to fill in both boxes, i.e. 01,02,03
- List and number vehicles first then pedestrians on the report
- When entering intersecting municipal street names, enter the numeric streets first and then the alpha streets in alphabetical order.
- A pedalcycle is considered a vehicle for purposes of crash reporting and complete appropriate blocks with one pedalcyclist per NJTR-1. Each NJTR-1 only captures data for one pedestrian, so you can only put one additional pedestrian's information per NJTR-1

# **Excerpt from Basic Course for Police Officers Instructional Unit 11.4 (9/97)**

## **I. Motor vehicle and traffic laws regarding taking of crash reports**

### **A. Requirements for drivers**

1. N.J.S.A.39: 4-130 requires that any driver of a vehicle or street car involved in an accident which results in injury or death of any person or damage to property of any one person in excess of \$500 shall by the quickest of communication notify the local police department or nearest office of the county police or state police of the accident.
2. The driver is further required to forward a written report of such accident within 10 days to Motor Vehicle Services on forms furnished by it.
3. A written report of an accident shall not be required by this section if a law enforcement officer submits a written report to Motor Vehicle Services pursuant to N.J.S.A.39:4- 13 1.

### **B. Requirement for police officers**

1. N.J.S.A.39: 4-13I requires the following:
  - a. That Motor Vehicle Services shall prepare and supply to police departments forms for accident\* reports. These forms will contain detailed information about the motor vehicle accident\*, including the cause, the conditions then existing, and the persons and vehicles involved.
  - b. Every law enforcement officer who investigates a vehicle accident\* of which report must be made or who otherwise prepares a written report as a result of an accident\* shall forward a written report of the accident\* to Motor Vehicle Services, on the forms furnished by it, within 5 days after his or her investigation of the accident\*
  - c. The written report required to be forwarded by law enforcement officers and the information contained therein shall not be privileged or held confidential. Every citizen of this state shall have the right, during business hours and under supervision, to inspect and copy such reports and shall also have the right to purchase copies of the reports at the fee established by law.
2. Private property crashes are to be reported in the same manner as crashes occurring on public roadways. This includes crashes in parking lots, on private streets, and on any other location in the State.

### **C. Completing Accident\* Report Form NJTR-1**

1. The State of New Jersey Police Accident\* Report Form NJTR-1 is to be completed by the police officer for all investigations of motor vehicle crashes.
2. Form NJTR-I A Motor Vehicle Accident\* Description is to be completed if more than five people were involved in the crash or if additional space is needed for the description.
3. Form NJTR-I B Motor Vehicle Accident\* Diagram, or other diagrams, shall be used in all crash cases involving serious injury or a fatality in lieu of block 87 on form NJTR-1. When using an NJTR-1B or other diagram write: SEE ATTACHED DIAGRAM” in block 87.

\* Statutory Language

## **D. NJTR-1A      Motor Vehicle Accident\* Description**

1. Use this form if more room is needed for the Accident\* Description Box 114 and/or if there were more than five passengers in the vehicle(s).

## **E. Additional Reports**

1. In many instances, the police officer conducting a crash investigation will find that it is necessary to submit more than one NJTR-1 form, to correctly report the investigation.
2. The need for an additional report form page would occur when the crash involved three or more cars, or two or more pedestrians or pedalcyclists, or five or more vehicle occupants, since an NJTR- 1 has space only for two vehicles and five occupants. Pedestrians and pedalcyclists , are identified in the “Driver” parts of the NJTR-1 by listing name and address.
3. When an additional form page is needed, the minimum entries required for information at the top of the additional NJTR-1 are box 43 (case number), box 44 (police department), and box 49 (municipality code).
  - a. For example, if an additional report is submitted because there were three vehicles in the crash, the additional report need only reflect items relating to Vehicle 3. Data as to driver owner, direction, contributing factors, etc., concerning Vehicle 3 would be all that would be necessary. it would be not be necessary to repeat the accident diagram, the “Accident Description,” and other items already reported, except for boxes 43,44 and 49.

## **F. Change Reports**

1. Whenever it is necessary to make a change in information set out in a report which has already been submitted to Motor Vehicle Services, a new report must be submitted showing the changes, with the word “CHANGE” printed in large block letters across the area provided for the accident diagram (box 87). One example would be a hit-and-run crash on which a report is submitted before the offender is identified. An additional report would be required to show the offender’s identity and other pertinent new information developed and not previously reported.
2. In every change report, it is always necessary to show the case number, the accident date, day of week, time and location, roadway, municipality and county, exactly as set out in the original report, so that the change report can be matched with the original report in Motor Vehicle Services files.
3. Box 43 (case number), box 44 (police department), and box 49 (municipality code) are always the minimum number of mandatory fields for additional NJTR-1s in the change report.
4. The names of Driver 1 and Driver 2 on the original report should be carefully printed in boxes 67 and 90, Driver’s Name, of the change NJTR-1 forms.

## **G. Fatal Crashes**

1. All fatal motor vehicle crashes shall be reported to the New Jersey State Police via N.L.E.T.S. within 24 hours of occurrence. It is requested of all municipal police departments that they follow the standard format for reporting fatal motor vehicle crashes as it appears on their N.L.E.T.S. (NCIC) terminals.
2. In addition, a photocopy of the initial investigation report shall be submitted, in a special envelope, to the Fatal Accident Review Board within 72 hours (N.J. Statute 39:5-30). This should NOT be one of the two copies marked as “State Copy”.

3. Upon completion of the investigation, a photocopy of the completed report shall be mailed to:

Division of State Police  
Fatal Accident Investigation Unit  
PO Box 7068  
West Trenton, New Jersey 08628-7068

## **II. Recommended Procedures for the Handling of Motor Vehicle Crashes Not Investigated at the Scene.**

I. The Department of Transportation has submitted the following recommended procedure for a late report of a motor vehicle crash that is not investigated at the scene.

- a. Police personnel should make an entry in their watch log indicating the date and time the report individual (use name) reported the motor vehicle crash to the police department.
- b. The department should then provide the reporting individual with an SRI/SR21 form (Motor Vehicle Accident Report)
- c. The reporting individual shall complete the form for reportable crashes. It is suggested that the reporting individual provide a copy to the police department for its files but follow your departmental procedures in this matter.
- d. The reporting individual shall mail a copy of the report to the agency indicated on the SRI/SR2I form.
- e. Police personnel should emphasize to the reporting individual that he/she should indicate in box 20 on the report that the police did not investigate the crash.

To help you understand what an insurance company considers an “At-fault” crash, we have provided you with an excerpt from the New Jersey Department of Insurance, dated 8/18/97.

# Department of Insurance

## Title 11

### **11:3-34.3 Definition of “At Fault Accident\*”**

“At-fault accident” is any accident involving a driver insured under the policy which resulted in a payment by the insurer of at least \$500.00, and for which the driver is at least proportionately responsible based on the number of vehicles involved.

A driver is [considered] proportionately responsible if 50 percent responsible for an accident\* involving two drivers; if 33 1/3 percent responsible for an accident\* involving three drivers; etc.

An at-fault accident\* **SHALL NOT INCLUDE** the following:

- 1) Involvement in an accident\* in which the motor vehicle owned or operated by the insured or other driver insured under the policy was lawfully parked
- 2) Involvement in an accident\* in which the motor vehicle was struck by a hit and run driver, if such accident\* was reported to the proper authorities within 24 hours;
- 3) Involvement in an accident\* in connection with which neither the named insured nor any other driver insured under the policy was convicted of a moving traffic violation and the owner or operator of another vehicle involved in such accident\* was so convicted
- 4) For physical damage losses other than collision
- 5) For an accident\* in which the motor vehicle was struck in the rear by another vehicle and a driver insured under the policy has not been convicted of a moving violation in connection with the accident\* or
- 6) For an accident\* occurring as a result of operation of any motor vehicle in response to an emergency if the operator at the time of the accident\* was responding to the call to duty as a paid or volunteer member of any police or fire department, first aid squad or any law enforcement agency.

\* Statutory Language

# MOST COMMONLY ASKED QUESTIONS

1. (Q) **Do I send the non-reportable crash reports in to the processing center?**  
(A) **NO**, only reportable crash reports will be sent to be processed.
2. (Q) **Are non-reportable crashes entered on a driver's license abstract?**  
(A) **NO**, only reportable crashes are posted on a driver's abstract.
3. (Q) **Do I check the hit & run box above the victim's information or above the actor's information?**  
(A) The hit & run box is checked for the vehicle that fled the scene.
4. (Q) **What is the proper entry for the location of a crash that occurred on private property or a parking lot?**  
(A) List the street address for the property on block 52, Example, 29 Main Street (WaWa Parking Lot). DOT only needs to know if it is a parking lot but you may want to know which parking lot it occurred on.
5. (Q) **Can I write "MOVED PRIOR TO ARRIVAL" in the diagram block in lieu of a diagram?**  
(A) **NO**. A diagram depicting the crash is required for every report. You may make note of the fact that the vehicles were moved prior to your arrival in either the diagram or narrative.
6. (Q) **What is a commercial vehicle, for purposes of crash reporting?**  
(A) A vehicle that has a GVWR of 10,001 pounds or more  
(B) A vehicle that carries hazardous material and is required to display placards  
(C) A vehicle that carries 16 or more people, including the driver  
(D) Any other vehicle that requires a CDL, e.g. Livery/Limo
7. (Q) **What is the proper entry for a bicyclist or a pedestrian in box 18, position in/on vehicle?**  
(A) Always use a dash (-) for a pedestrian or bicyclist in box 18.
8. (Q) **Where can you find the US DOT carrier numbers? (interstate drivers only)**  
(A) 90% of the time the USDOT number can be found on the driver's side of the vehicle. It may also be found on the passenger side or on the shipping papers.
9. (Q) **Where can you find the ICC carrier number for a CMV?**  
(A) 90% of the time the ICC number can be found on the driver's side of the vehicle. It may also be found on the passenger side or on the shipping papers.
10. (Q) **When a bicyclist and a vehicle are involved in a crash what is the proper entry in box 122, number of vehicles?**  
(A) For this box, the proper entry is just the number of motor vehicles, not including the bike.
11. (Q) **If a vehicle runs off the road and strikes a utility pole, what is the proper entry for box 42, collision type?**  
(A) A dash must be entered. Remember that the purpose of this box is to enter the collision type between other vehicles.
12. (Q) **What entries should be made in blocks 25 & 26 for safety equipment for pedestrians?**  
(A) Use a dash (-) because this is asking only for the safety equipment in a vehicle.
13. (Q) **How do I list an out of state insurance code on blocks 66 & 89?**  
(A) Place an asterisk in the box and write the insurance company's name in the narrative, e.g.  
\* Box 66 Altoona Casualty of Pennsylvania

## BOX 1 - PEDESTRIAN MANEUVER

### PEDESTRIAN MANEUVER

1. Crossing/Entering Roadway at Intersection
2. Crossing/Entering Roadway not at Intersection
3. Walking on Road w/Traffic
4. Walking on Road Against Traffic
5. Playing in Road
6. Standing in Road
7. Getting On or Off Vehicle
8. Pushing or Working on Vehicle
9. Other Working in Roadway
10. Approaching or Leaving School Bus
11. Coming from Behind Parked Vehicle
12. Other

Box 1 pertains to **PEDESTRIAN CRASHES ONLY**.

There must be contact between the pedestrian and a motor vehicle. Bicycles are considered vehicles. If there is no pedestrian involved, enter a *dash* (-). If a pedestrian caused the crash and **DID NOT** have contact with a motor vehicle, list the pedestrian information in the accident description box 114 and **enter** a *dash* (-) in box 1.

**If** two or more pedestrians are injured in the same crash, complete an additional crash report for the second or more pedestrians. Write the pedestrian identification in the space provided for the driver information. **DO NOT** list the driver's license number for Pedestrians.

A Motorized Wheelchair is not regulated as a motor vehicle and must be reported as a **PEDESTRIAN**.

## BOXES 2 & 3 - TRAFFIC CONTROLS

### TRAFFIC CONTROLS

1. Police Officer
2. Rail Road, Watchman, Gates, etc.
3. Traffic Signal
4. Lane Markings
5. Channelization - Painted
6. Channelization - Physical
7. Warning Signal
8. Stop Sign
9. Yield Sign
10. Flagman
11. No control Present
12. Other

Make a selection for each vehicle involved in the crash. The particular traffic control assigned to that vehicle at the crash scene is what is required

**Police Officer** - Includes special police, adult school crossing guards, Fire/Police (anyone under Title 40 that is allowed to stop traffic)

**RR Watchman, Gates, etc.** - includes all traffic control devices at railway grade crossings.

**Traffic Signal** - Includes only Red/Amber/Green beacons.

**Lane markings** - Refers to lines separating the traveled portion from the shoulder, turning lanes and passing zones.

**Channelization/Painted** - A series of painted cross-hatching and lane lines, which indicate movement restrictions. Includes exit ramp markings.

**Channelization/Physical** - Includes "Jersey" barrier, traffic cones or similar devices such as construction barrels, physical curbing and concrete islands.

**Warning Signals** - An Amber/Red flashing signal and any other electrically powered warning device.

**Flagman** - Includes all traffic directors in work zones.

**Other** - Includes rumble strips, warning signs and regulatory signs other than STOP and YIELD signs.

## BOX 4 - ROAD SYSTEM

### ROAD SYSTEM

- 1- Interstate
- 2- State Highway
- 3- State/Interstate Authority
- 4- State Park or Institution
- 5- County
- 6 -County Authority Park or Institution
- 7- Municipal
- 8- Private Property
- 9- U.S Government Property

Write the appropriate number in the box that accurately identifies the road system where the crash occurred. US Routes are included with # 2 State Highway.

For road systems with two designations, use the lowest choice number, that is the highest road authority. For example:(5) County Road 517 and (7) Municipal Main Street, **USE number 5** (County Road) because it has the higher road jurisdiction.

If you enter a 1, 2, or 3 here, you **MUST** enter a milepost number in box 54  
School parking lots and driveways as well as any land owned and maintained by a body of government are to be included,example: elementary school will be 7, county college will be 6, State college will be 4

## BOX 5 - ROAD CHARACTER

### ROAD CHARACTER

- 1 - Straight and Level
- 2 - Straight and Grade
- 3 - Straight at Hillcrest
- 4 - Curve and Level
- 5 - Curve and Grade
- 6 - Curve and Hillcrest

Road Character describes the roadway at the location of the first harmful event. (occurrence of damage or injury)

Select the roadway that best describes the characteristics of the roadway at the location of the crash.

This data is used to determine sight distance from an engineering point of view and should describe the alignment of the road.

## BOX 6 - ROAD SURFACE TYPE

### ROAD SURFACE TYPE

- 1 - Concrete
- 2 - Blacktop
- 3 - Gravel
- 4 - Steel Grid
- 5 - Dirt
- 6 - Other\*

Road Surface Type refers to the physical makeup of the road, at the location of the crash. Examples include:

**Concrete** - Portland cement concrete

**Blacktop** - Bituminous concrete (asphalt), including chip road sealing (oil and stone) and macadam

**Other** - Must be noted in narrative; e.g.: cobblestones, wood (bridge decks).

## BOX 7 - SURFACE CONDITION

### SURFACE CONDITION

- 1 - Dry
- 2 - Wet
- 3 - Snowy
- 4 - Icy
- 5 - Other\*

Identify the road surface, at the time of the CRASH.

Other\* must be listed in the narrative. Include foreign substances such as vehicle fluids that were present prior **to the crash**.

**ONLY ENTER ONE CHOICE**

## BOX 8 - WEATHER

<p><b>WEATHER</b></p> <p>1-Clear 2- Rain 3-Snow 4-Fog 5-Other*</p>	<p>Enter the Weather condition at <b>the Time of the CRASH, not when you arrived at the scene.</b></p> <p>Other* - must be noted in the narrative and may include; Sleet or Hail.</p> <p><b>ONLY ENTER ONE CHOICE.</b></p>
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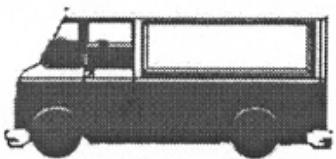
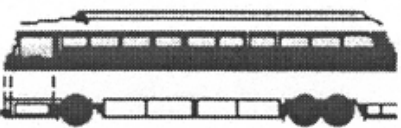
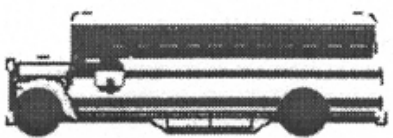
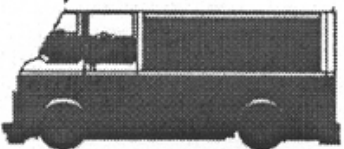
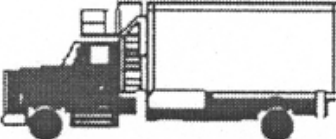
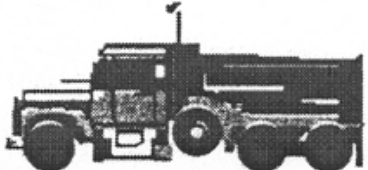

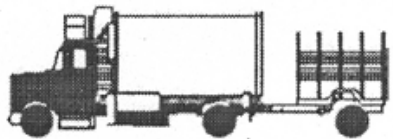
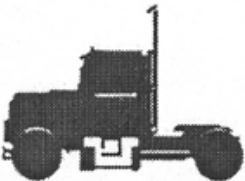
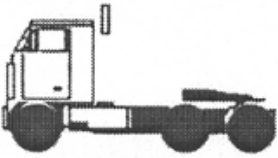
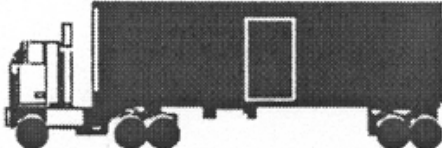
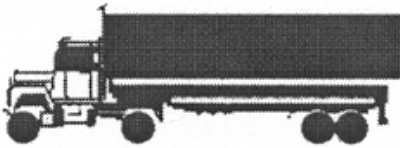
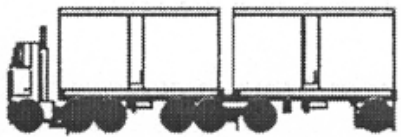
## BOXES 9 & 10 - OVERSIZE/OVERWEIGHT PERMIT

<p><b>OVERSIZE/OVERWEIGHT PERMIT</b></p> <p>1-Yes 2-No</p>	<p><b>Commercial Vehicles Only</b>, all other types of vehicles enter a dash (-).</p> <p>Only to be completed if a Commercial Vehicle crash where the vehicle type is a bus or higher class in box11 or 12.</p>
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## BOXES 11 &12 - VEHICLE TYPE

<p><b>VEHICLE TYPE</b></p> <p>1- Passenger Car/Station Wagon/Minivan 2- Passenger car with Trailer 3- Recreation Vehicle 4- Taxicab/Limo 5- Motorcycle 6- Moped 7- Pickup/Sport Utility 8- Van/Step Van 9- Fire/Rescue 10- Police Vehicle 11- Ambulance 12- Bus 13- School Bus 14- Single Unit Truck (2 axle) 15- Single Unit Truck (3 axles) 16- Truck/Trailer 17- Truck/Tractor (bobtail) 18- Tractor/Semi-Trailer 19- Tractor/Doubles 20- Tractor/Triples 21- Heavy Truck-Other 22- Other*</p>	<p>Indicate each motorized vehicle's type involved.</p> <p><b>Recreation Vehicle</b> - Only those vehicles used for recreational purposes, e.g. travel trailers (Winnebago, Fleetwood, etc.)</p> <p><b>Taxicab/Limo</b> - Any passenger car used for transportation of passengers for hire (usually with "livery" or "taxicab" plates)</p> <p><b>Motorcycle</b> - All motor-operated vehicles of the bicycle/tricycle type, except motorized bicycles</p> <p><b>Moped</b> - Pedal bicycle with helper motor (under 50cc)</p> <p><b>Pickup/Sport Utility</b> - Includes open, rack body pickup trucks and utility vehicles like the Ford Explorer, Chevy Blazer, GMC Jimmy. Dodge Durango</p> <p><b>Van/Step Van</b> - Full-size van. (4 tires)</p> <p><b>Fire/Rescue Vehicle</b> - Includes Mobile Intensive Care Units (non-transport) vehicles.</p> <p><b>Police Vehicle</b> - any marked or unmarked</p> <p><b>Ambulance</b> - Used for victim transport.</p> <p><b>Bus</b> - Commercial Vehicle used for transport of passengers (non-school). Includes vehicles registered as an "Omnibus"</p> <p><b>School Bus</b> - Any school vehicle: passenger ear, minibus (8-16 passenger) or full size bus with school registration S-1 or S-2 type plates.</p> <p><b>Other</b> - Includes Bicycles</p>
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## Vehicle Depictions for NJTR-1 Boxes 11 & 12

<p><b>#8 - Van/Step Van (4 tires)</b></p> 	<p><b>#12 - Bus</b></p> 	<p><b>#13 - School bus</b></p> 
<p><b>#14 - Single-Unit Truck (2 axle) (6 tires)</b></p>  	<p><b>#15- Single Unit Truck (3+axes)</b></p>  	<p><b>#16 Truck/Trailer</b></p> 
<p><b>#17 - Truck/Tractor (Bobtail)</b></p>  	<p><b>#18 - Tractor/Semi-Trailer</b></p>  	<p><b>#19 - Tractor/Doubles</b></p> 

\*Courtesy of Geri Scheffer - Division of Criminal Justice

\*Created by Donald McCann, Chief Law Enforcement Standards Section

## BOXES 13 & 14 - CARGO BODY TYPE

### CARGO BODY TYPE

- 1 - Bus
- 2 - Van/Enclosed Box
- 3 - Cargo Tank
- 4 - Flatbed
- 5 - Dump
- 6 - Concrete Mixer
- 7 - Auto Transporter
- 8 - Garbage/Refuse
- 9 - Other (multi-body type)

Enter the Cargo Body Type of the vehicle described in boxes 11 and 12, only if they are considered commercial vehicles, otherwise enter a dash (-).

#2 (van/enclosed box) includes any type of CMV, trailer or semi-trailer with an enclosed box.

#9 (other) is a combination of 2 or more types shown.

## BOX 15 - ROAD DIVIDED BY

### ROAD DIVIDED BY

- 1 - Guide Rail
- 2 - Concrete Barrier
- 3 - Concrete Island
- 4 - Grass Median
- 5 - None
- 6 - Other\*

Indicate the physical separation dividing the roadway.

Painted lines on the roadway are not physical separation.

If no physical separation is present, place #5 in this box.

## BOX 16 - IS ROAD UNDER CONSTRUCTION

### ROAD UNDER CONSTRUCTION

- 1- Yes
  - 2- No
- Workers Present

If road was under construction at the time of the crash and workers were present, enter #3 in this box.

A construction zone is defined as a roadway that displays signs warning of a construction zone. The construction zone begins at the first construction sign and ends at the last sign as per MUTCD.

## BOXES 17 THRU 27 - (PERSONS INVOLVED DATA)

This section of the crash report records important information about all persons involved in the crash. You will note that this section is labeled A thru E down the left side, beginning in Box 17. These letters A thru E are sometimes mistaken as the entry for Box 17, **THEY ARE NOT**. An entry must be made in box 17.

You will note that there is room to enter only 5 involved persons (one per line). If more than five persons are involved, use supplementary report form NJTR-1 A for additional involved persons. If there are more than 5 additional persons you may extend the lines and enter the additional persons. A copy of the NJTR-1A can be found in this manual.

**If you have an UNWITNESSED Hit and Run crash dashes (-) should be placed in boxes 17 thru 27 for the ACTOR.**

## BOX 17 - WHICH VEHICLE OCCUPIED

### WHICH VEHICLE OCCUPIED

- 1 - Vehicle 1
- 2 - Vehicle 2
- B - Pedalcycle
- P - Pedestrian
- O - Other\*

All passengers must be listed, even non-injured.

If a person was in vehicle 1, write 1 on line A under arrow 17. For another person in that same vehicle place #1 in the first box on line B under 17. If there were no people in vehicle 1, start listing data about vehicle 2.

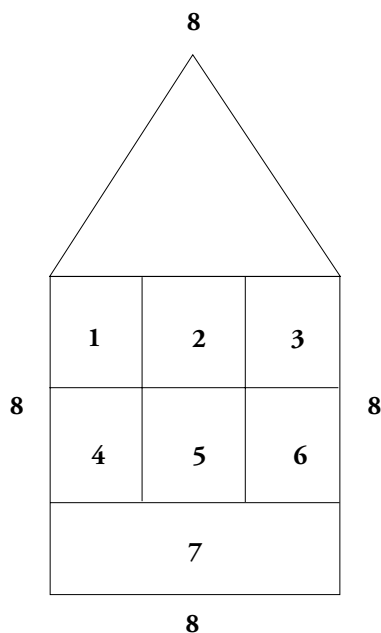
List additional people on subsequent lines. For a third or fourth or fifth car, use the number 3, 4, 5 on the line that identifies the person in that car.

**A wheelchair is considered a Pedestrian, not a vehicle**

## BOX 18- POSITION IN/ON VEHICLE

### POSITION IN/ON VEHICLE

- 0 - Unknown
- 1 - Driver
- 2 - Through 7 - Passengers
- 8 - Riding/Hanging on outside



Show the position of each person inside or hanging onto the vehicle. Use the diagram to assist you in selecting the correct position of each person in each vehicle.

A person sitting on someone's lap has the same numbered position as that person. If there are 4 people sitting in front seat, the 4th person takes the #2 position along with the regular #2 person. If 4th person is in the rear, they take the #5 position along with the regular #5 person.

Passengers in a bus are #7. Additional passengers should be listed in the Bus Seating Charts (pages 27-28), as well as in boxes 17 thru 27.

A passenger on a motorcycle is # 4, except if the motorcycle has a sidecar and then the passenger would be # 2.

**For Pedestrians and Bicyclist always use a DASH (-)**

## BOX 19 - VICTIM'S PHYSICAL CONDITION

### VICTIM'S PHYSICAL CONDITION

- 1 - Killed
- 2 - Incapacitated
- 3 - Moderate Injury
- 4 - Complaint of Pain

If an entry is made here, the crash is considered REPORTABLE.

**Killed** - Victim is deceased.

**Incapacitated** - Victim has a non-fatal injury. Cannot walk, drive or normally continue the activities that they could perform before the motor vehicle crash.

**Moderate Injury** - An evident injury, other than fatal and incapacitating. Injury is visible, such as a lump on head, abrasion, bleeding or lacerations.

**Complaint of Pain** - A reported or claims of injury that is not fatal, incapacitating or moderate. Injury is not visible to the investigating Officer.

## BOX 20 - EJECTED FROM VEHICLE

### EJECTION FROM VEHICLE

- 1 - Not Ejected
- 2 - Partial Ejection
- 3 - Ejected
- 4 - Trapped

This box is used to indicate if a **DRIVER** or **PASSENGER** was ejected from a vehicle. **This does not apply to a pedestrian or bicyclist.**

**Partial Ejection** - A portion of the person's torso or head protruding out of the vehicle. It does not mean just arms sticking out of a window.

**Trapped** - If some type of mechanical force is used to free a person from the vehicle, such as a pry-bar or the Jaws of Life.

## BOX 21 - AGE

Enter the age of each involved person on the lines by their names. Use preceding zeros i.e.: 01,02,03 if victims are under 1 year old, use 01. If victims are over 99 years old, use 99.

## BOX 22 - SEX

Enter the sex of each involved person on the lines by their names:

**M = Male**

**F = Female**

## BOX 23 - LOCATION OF MOST SEVERE PHYSICAL INJURY

### LOC MOST SEVERE INJURY

- 1. Head
- 2. Face
- 3. Eye
- 4. Neck
- 5. Chest
- 6. Back
- 7. Shoulder - Upper Arm
- 8. Elbow/Lower Arm/Hand
- 9. Abdomen/Pelvis
- 10. Hip-Upper Leg
- 11. Knee/Lower Leg/Foot
- 12. Entire Body

**Indicate the location** of the most severe injury that the person sustained, as a result of the crash. The investigating officer need only ascertain the injuries at the scene of the crash, not from a doctor's diagnosis or hospital records.

An example entry: If the driver had a severe head injury, a broken arm and contusions. You would list the **MOST SEVERE**, which is the Head Injury 01.

## BOX 24 - TYPE OF MOST SEVERE PHYSICAL INJURY

### TYPE MOST SEVERE INJURY

- 1 - Amputation
- 2 - Concussion
- 3 - Internal
- 4 - Bleeding
- 5 - Contusion/Bruise/Abrasion
- 6 - Burn
- 7 - Fracture/Dislocation
- 8 - Complaint of Pain
- 9 - None Visible

**NOTE: If there is no entry in Box 23, enter a dash (-) in box 24**

Indicate the type of the most severe injury that the person sustained, as a result of the crash. The investigating Officer need only ascertain the injuries at the scene of the crash, not from a doctor's diagnosis or hospital records. If there is no entry in box 19, enter a dash (-) here.

**Amputation** - Severed parts

**Concussion** - Dazed condition as a result to a blow to the head

**Internal** - No visible injury but signs of anxiety, internal pain and thirst

**Bleeding** - Obvious discharge of blood

**Contusion/Bruise/Abrasion** - Discoloration of skin, or top layer of skin is scraped

**Burn** - Reddening, blistering or charring of skin over a portion of the body

**Fracture/- Dislocation**, swelling or evidence of displaced bones

**Complaint of Pain** - No visible injury noted, but victim complains of pain

**None Visible** - This no longer is a valid entry.

## BOXES 25 & 26 - SAFETY EQUIPMENT AVAILABLE AND USED

### SAFETY EQUIPMENT

- 1 - None Used
- 2 - Lap Belt
- 3 - Harness
- 4 - Lap Belt & Harness
- 5 - Child Restraint
- 6 - Helmet
- 7 - Passive Restraint
- 8 - Airbag
- 9 - Airbag & Seat Belts
- 10 - Other

Box 25 identifies the Safety Equipment **AVAILABLE**.

**Box 26** identifies the Safety Equipment **USED**. Most late model cars will be coded in box 25 **AVAILABLE** as "09" (airbags and seat belts)

If airbag Does Not Deploy, it is not considered in box 26 as **USED**.

An example of #07 (passive restraint) is an automatic seat belt that automatically engages once you close the car door.

Complete box 25 and 26 for every occupant in the vehicle, whether injured or not.

**01 IS AN INVALID ENTRY FOR PEDESTRIANS LISTED IN THESE BOXES. USE DASHES**

## BOX 27 - AMBULANCE RUN NUMBER

The purpose of this box was to enter a "Statewide" Ambulance Run Number obtained from the Ambulance personnel responding to the scene of a crash. The intention was for the Department of Health to be able to determine Ambulance response times and track the injured person(s).

No entry is necessary now, as the Ambulance Run Number does not exist as of this writing. It is suggested that you use this box to enter the **HOSPITAL CODE NUMBER** of the Hospital that the victim(s) were taken.

## SAMPLE ENTRIES FOR COLUMNS 17 THROUGH 27

### Crash involving 2 vehicles and 5 people:

Line A shows the Driver of Vehicle #1(1), his position as the driver (1), that he is incapacitated (2), trapped in the vehicle (4), 29 years old (29), male (M), Chest Injury (05), Internal Injuries (3), Safety equipment available was airbag & seat belts (09), Safety equipment used was none (0 1), Ambulance run Number (hospital code-Overlook Hospital 7055).

Line B shows the Passenger of Vehicle #1 (1), his position in the front of the vehicle passenger side (3), moderate injury (3), not ejected (I), 9 years old (09), male (M), Head injury (01), Bleeding (4), Safety equipment available was airbag & seat belts (09), Safety equipment used was none (O1), Ambulance Run Number (hospital code-Overlook Hospital 7055).

Line C shows the Driver of Vehicle #2 (2), her position as the driver (1), that she has no injuries (-), not ejected (1), 62 years old (62) and female (F), no injuries (—), no injuries (-), Safety equipment available was airbag (08), Safety equipment used was none because airbag did not deploy (01), Ambulance Run Number is not applicable (-).

Line D shows the Passenger of Vehicle #2 (2), her position in the front of the vehicle passenger side (3), complaint of pain (4), not ejected (1), 42 years old (42), female (F), complain of neck pain (04), complaint of pain (8), safety equipment available was harness (03), safety equipment used was harness (03), Ambulance Run Number (hospital code-Overlook Hospital 7055).

Line E shows the 2nd passenger of vehicle #2 (2), his position behind the driver in the back seat (4), no injuries (-), not ejected (1), 7 years old (7), male (M), no injuries (—), no injuries (-), safety equipment available was lap belt (02), Safety equipment used was lap belt (02), Ambulance Run Number is not applicable (-).

17	18	19	20	21	22	23	24	25	26	27
A 1	1	2	4	2 9	M	0 5	3	0 9	0 1	7055
B 1	3	3	1	0 9	M	0 1	4	0 9	0 1	7055
C 2	1	-	1	6 2	F	- -	-	0 8	0 1	-
D 2	3	4	1	4 2	F	0 4	8	0 3	0 3	7055
E 2	4	-	1	0 7	M	- -	-	0 2	0 2	-

**NOTE:** Be sure to list the name & address of each person in the box next to box 27. For a fatality, you must list the date and time of the death in the box next to box 27.

## BOXES 28 & 29 - APPARENT CONTRIBUTING CIRCUMSTANCES

### CONTRIBUTING CIRCUMSTANCES

- 1 - Unsafe Speed
- 2 - Driver inattention
- 3 - Failed to Obey Traffic Control Device
- 4 - Failed to Yield Right of Way to Vehicle/Pedestrian
- 5 - Improper Lane Change
- 6 - Improper Passing
- 7 - Improper Use of Turn Signals/Failure to Signal
- 8 - Improper Turning
- 9 - Following Too Closely
- 10 - Backing Unsafely
- 11 - Dazzling, Improper, or No Lights
- 12 - Wrong Way, One Way Road
- 13 - Improper Parking
- 14- Pedestrian's/Bicyclist's Actions
- 15 - Vehicle Defect \*
- 16- Animal's Action
- 17 - Defective Shoulder
- 18 - View/Obstruction/Limited \*
- 19 - Water Puddles
- 20 – Obstruction/Debris on Road \*
- 21 - Improper/Inadequate Lane Markings \*
- 22 - Other Roadway Defects \*
- 23 - Traffic Control Device Defective/Missing \*
- 24 - Failure to Keep Right
- 25 - None
- 26 - Other \*

The Investigator should determine the most prominent factor contributing to the crash, even if a ticket is not issued.

Although it may seem that alcohol involvement would be included here and may have contributed to the crash, speed, failure to yield or other improper driving actions or road deficiencies were the **PROXIMATE** cause of the crash.

Don't be afraid to "Make the call" here. If a vehicle was involved in a crash and the weather was icy or snow, don't be afraid to enter 01 (unsafe speed) here, even if you do not issue a summons. Statistical data is gathered from this section to study **PREVENTIONS**.

**Note: both vehicles CANNOT be coded none (25)** as there is always an apparent contributing circumstance to at least one of the vehicles in a two-car crash.

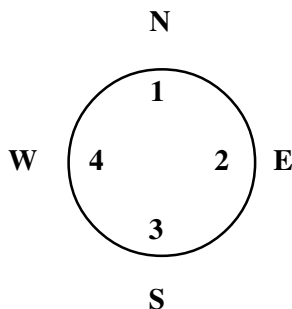
Any of the options you choose that ends with an asterisk (\*) must be further explained in the description box (114).

## BOXES 30 & 31 - NUMBER OF AXLES

**COMMERCIAL VEHICLES ONLY** - ALL other vehicles enter a dash (—).

When counting the number of axles, include both the front and rear axles and axles that retract if the truck is so equipped.

## BOXES 32 & 33 - DIRECTION OF TRAVEL



The direction of travel should be recorded as posted on road signs or identified on maps - i.e.: straight-line diagram for that street where the crash occurred.

Even though a north-south road may actually run east-west for a segment, the direction should not change for reporting purposes.

When a vehicle is backing its direction of travel will be the **direction it was actually moving, not necessarily the direction it was facing**.

When a vehicle is parked, indicate the **direction the front of the vehicle was facing prior to the collision**.

**DO NOT ENTER THE LETTERS (N.S.E.W)**

**NOTE: Only enter one choice here, eg: Do not enter 12 for northeast!**

## BOX 34 - LIGHT CONDITION

### LIGHT CONDITION

- 1 - Daylight
- 2 - Dawn or Dusk
- 3 - Dark (Street Lights On)
- 4 - Dark (Street Lights Off)
- 5 - Dark (No Street Lights)

Enter the light condition **at the time of the crash**, which may be different from the time you conduct your investigation.

## BOXES 35, 36, & 37 - PHYSICAL STATUS

### PHYSICAL STATUS

1. Apparently Normal
2. Had Been Drinking
3. Physical Handicaps
4. Illness
5. Fatigued
6. Apparently Asleep
7. Using Drugs
8. Other \*

Indicate the physical status of the involved persons, **immediately before the crash**. If unknown, place a zero (0) in the box.

Use box 37 for **PEDESTRIANS**, if none involved, place a dash (-) in the box.

Physical Handicaps (3) may include:

- Severe Vision or Hearing Impairments
- Deafness or Blindness
- Leg/Foot/Arm or Hand Amputation

If Other (8) is entered here, explain in description box.

## BOXES 38 & 39 - PRE-ACCIDENT VEHICLE ACTION

### PRE-ACCIDENT VEHICLE ACTION

- 1 - Going Straight Ahead
- 2 - Making Right Turn
- 3 - Making Left Turn
- 4 - Making U Turn
- 5 - Starting from Parking
- 6 - Starting in Traffic
- 7 - Slowing or Stopping
- 8 - Stopped in Traffic
- 9 - Parking
- 10 - Parked
- 11 - Changing Lanes
- 12 - Merging
- 13 - Backing
- 14 - Driverless/Moving
- 15 - Other \*

Enter the appropriate vehicle action of the involved motorist or pedalcyclist that occurred, **at the same time as the Crash**.

An example of Driverless/Moving (14) is when a vehicle rolls out of a parking space or when a driver is ejected and the vehicle continues in motion

# BOXES 40a through 41d - SEQUENCE OF EVENTS

## SEQUENCE OF EVENTS

### (Non-Collision)

- 1 - Overturned (Rollover)
- 2 - Fire/Explosion
- 3 - Immersion
- 4 - Jackknife
- 5 - Ran Off Road
- 6 - Downhill Runaway
- 7 - Cargo Loss or shift
- 8 - Separation of Units
- 9 - Other Non-Collision

### (Collision w/Non-Fixed Object)

- 10- Pedalcycle
- 11 - Pedestrian
- 12 - Railway Train
- 13- Animal
- 14 - MV in Transport
- 15 - MV in Transport, Other Roadway
- 16 - Parked MV
- 17 - Other Object (non-fixed)

### (Collision w/Fixed Object)

- 18 - Impact Attenuator
- 19 - Bridge/Pier Abutment
- 20 - Bridge Parapet End
- 21 - Bridge Rail
- 22 - Guide Rail
- 23 - Median Barrier
- 24 - Traffic Sign Post
- 25 - Overhead Sign Support
- 26 - Light Standard
- 27 - Utility Pole
- 28 - Other Post
- 29 - Culvert
- 30 - Curb
- 31 - Ditch
- 32 - Embankment
- 33 - Fence
- 34 - Tree
- 35 - Other fixed Object
- 36 - Unknown

The sequence of events identifies the beginning of a crash and all subsequent actions thereafter.

When determining the options to enter, ask yourself this question, **“What did the vehicle come in contact with?”**

You are telling a story regarding the details of what happened.

If vehicle 1 runs off the road, hits a parked car (vehicle 2) and then a utility pole, the report should be filled out as follows:

Vehicle 1	Vehicle 2
40a - 05	41a - (14)
40b - 16	41b - (-)
40c - 27	41c - (-)
40d - (-)	41d - (-)

If Vehicle 1 hits Vehicle 2 coming in the opposite direction, then hits a curb, then hits a tree. Vehicle 2 is hit by vehicle 1, hits pedalcyclist, and then hits a sign, the report should be filled out as follows:

Vehicle 1	Vehicle 2
40a - 14	41a - 14
40b - 30	41b - 10
40c - 34	41c - 24
40d - (-)	41d - (-)

If you use 09 (Other non-collision) or 17 (other object) or 35 (other fixed object) - you must explain further in the narrative (box 114).

14 (MV in Transport) - Is the state or condition of a vehicle when it is in use primarily for moving persons or property (including the vehicle itself), from one place to another and it is in motion; or in readiness for motion; but not parked

15 (MV in Transport, Other Roadway) is used in cases where a MV leaves the road and strikes a vehicle on a second road. Example: two vehicles collide at an intersection, one veers off and strikes a vehicle on another street. Another example is a vehicle running off a bridge and striking a vehicle on the road below.

## BOX 42 - COLLISION TYPE(W/OTHER MOTOR VEHICLE)

### COLLISION TYPE

1. Same Direction (Read-End)
2. Same Direction (Sideswipe)
3. Angle
4. Head-On
5. Left Turn
6. Struck Parked Vehicle
7. Other \*

This box should contain a dash (-) except when there is a number 14, 15 or 16 entered in box 40a through 41d.

Remember: This box is to enter the collision type when there is contact with **ANOTHER VEHICLE ONLY**.

**If a motor vehicle strikes a PEDESTRIAN** and no other vehicle is involved, this box **DOES NOT APPLY**. Enter a dash (-) in this box.

**NOTE:** Use #5 (left turn) only when collision involves vehicles in opposing lanes of traffic

## PAGE NUMBER

At the top left corner of the report, there is a space: PAGE \_\_\_\_\_ of \_\_\_\_\_, make sure that this area is filled in. It will tell the reader how many pages there are for the crash report. Page numbers should be numbered consecutively in the upper left-hand corner of each additional page.

## REPORTABLE/NON-REPORTABLE

At the top center of the report, there are two small boxes (Reportable or Non-Reportable). Make sure that ONE of these boxes is checked. This indication will advise the processing agency as to where specific data elements should be sent.

## BOX 43 - CASE NUMBER

**Enter** our INTERNAL DEPARTMENT NUMBER here that identifies this report. Make sure that this number is present on ALL additional pages and any changes that you forward later.

**DO NOT WRITE ANY OTHER INFORMATION IN THIS BOX.**

## BOX 44 - POLICE DEPARTMENT

**Enter** the name of your Police Department here. Also enter the CODE for the type of Police Agency:

**1-** Municipal Police **2 -** State Police **3 -** County Police **4 -** Port Authority Police **5 -** Other Police

## BOX 45 - STATION/PRECINCT

**Enter** the Station/Precinct if applicable for your department, otherwise enter a dash (-).

## BOX 46 - DATE OF COLLISION

Enter the date that the collision occurred. Fill in all boxes - i.e.: 01 01 00

## BOX 47 - DAY OF WEEK

**Circle** the appropriate date of the week that the collision occurred. Make sure it corresponds with the date of collision in Box 46.

## BOX 48 - TIME

**Enter** the time of the collision. If time unknown, enter the time that the crash was reported to your agency. Make sure you use **MILITARY TIME**.

## BOX 49 - MUNICIPALITY CODE

**Enter** the 4 digit NCIC Municipal Code where the collision occurred.

## BOX 50 - TOTAL KILLED

**Enter** the number of persons killed as a result of this crash. Use a two digit number i.e.: 01,02,03. If no one was killed as a result of this crash, enter dashes (—).

If there is an entry other than dashes in this box, make sure that box 19 (victim's physical condition) is coded as a 1 (killed) and the name/address/date and time of death is recorded in the area next to box 27. Note: be sure to notify the State Police within 24 hours of the fatal.

## BOX 51 - TOTAL INJURED

**Enter** the number of persons injured as a result of this crash. Use a two digit number, i.e.: 01,02,03. If no one was injured as a result of this crash, enter dashes (—).

## BOXES 52 THROUGH 64 - ACCIDENT LOCATION

It is **IMPORTANT** to understand that boxes 52 through 64 **MUST** be filled out accurately and completely.

This new form was redesigned to take advantage of new technologies in crash data collections as well as to support existing manual methods. (GIS) geographic information system is used by the Processing Agency to pinpoint the locations of accidents and provide vital information to various agencies, in the interest of traffic safety and crash prevention.

This area of the report is one of the most **INCOMPLETE** parts of the crash report and it becomes difficult, if not impossible to provide accurate location data. You must remember that this data is available to your agency, through the N.J.D.O.T., but is only as accurate as you make it.

Please remember to enter as much detailed information in these boxes to provide the necessary data for the Processing Agency to properly code the locations of all crash reports. Make sure you list the highest road authority first as you have entered in box 4. If there are two municipal streets, list them in numeric order first, then the alpha name in alphabetical order, eg: 1st street and Alpine way, regardless of which one is the main roadway.

## BOX 52 - ACCIDENT OCCURED ON (ROAD NAME/STREET ADDRESS)

Enter the Road Name where the crash occurred. If the crash occurred on a state, interstate, toll or county highway, **YOU MUST** enter the route number and approximate milepost of the crash in boxes **53** and **54**. If you enter a Route number in box 52, you **must** also enter the Route number in box 53.

Be as specific as possible for geo-coding purposes. Exact locations are best using street addresses along with the name of business or the words "Parking Lot." Phrases such as "in front of" or "near" are not necessary here.

## BOXES 53 & 54 - ROUTE NUMBER AND MILEPOST

### ROUTE SUFFIX CHOICES

A = Alternate

B = Business

C = Freeway

P = Pennsylvania Extension (NJ Turnpike Only)

S = Spur (County Routes Only)

U Upper (State Route 139 Only)

L = Lower (State Route 139 Only)

W = Western Alignment (NJ Turnpike Only)

If the crash occurred on a State, Interstate, Toll authority, or county Route, enter the route number and the route **suffix. state and interstate roadways must have milepost numbers.**

Enter the approximate milepost in box 54. Note that the box requires three digits to the left and three digits to the right. Make sure that you place the digits in the correct boxes.

Example: A crash occurred on the Spur of county route 31 at milepost 61.1. Boxes 53 and 54 will look like this:

0	0	3	1	B	0	6	1	.	1	0	0
---	---	---	---	---	---	---	---	---	---	---	---

53 Route No.    Suffix

54 Milepost

Suffix is not to be used to indicate north (N) or south (S).

## BOX 55, 56, 57 & 58- DISTANCE FROM NEAREST CROSS STREET

Enter the **NAME** of, **DISTANCE** to, and **DIRECTION** to the nearest cross street (intersecting or non-intersecting) from the crash location. If the Crash occurred at an intersection, (See diagram and definition of intersection on page 41) indicate by placing an X in the "AT INTERSECTION WITH" box 56 and place the intersecting street name in box **58** (Road Name).

Indicate the units of measurement to the nearest intersection in item 56.

Note: The revised NJTR- 1 does not contain a space for a second intersecting street for locating between intersection crashes. Therefore, it is **EXTREMELY IMPORTANT** that the name of, distance to and direction to the nearest cross street be entered as accurately as possible.

Example: Crash between two vehicles occurred on Route 22, 500 feet west of Rock Road. Boxes 52,53,54,55,56,57 and 58 will look like this

### ACCIDENT

OCCURRED ON    **Route 22**

0	0	2	2	-
---	---	---	---	---

53 ROUTE NO SUFFIX

0	5	2	.	1	0	0
---	---	---	---	---	---	---

54 MILEPOST

52 ROAD NAME

STREET ADDRESS

☐ AT INTERSECTION WITH

**0500**  
55

☒ FEET

☐ MILES

☐ NORTH

☐ EAST

OF

**Rock Road**  
58 ROAD NAME

☐ METERS

☐ KM

☐ SOUTH

☐ WEST

56

## BOXES 59, 60, 61 & 62 - RAMP IDENTIFICATION

A Ramp is defined as “An auxiliary roadway used for entering or leaving through-traffic lanes”. A “Jug Handle” is also considered a Ramp. If the crash occurred on a ramp from one route (state, interstate, toll authority, or county) to another, place an “X” in the “Yes” box to the left of item 59 and indicate the route numbers and directions on the boxes provided for items 59 through 62.

If the crash did not occur on a ramp, place an “X” in the “No” box to the left of item 59 and leave items 59 through 62 blank.

## BOXES 63 & 64 - LATITUDE AND LONGITUDE

If you are equipped with Global Positioning System (GPS) equipment that can provide latitude and longitude coordinates of a crash location, enter the latitude and longitude coordinates of the crash location in the appropriate boxes.

When reading the coordinates directly from a vehicle based or hand held GPS receiver, take care that the receiver is as close to the initial crash point of impact as possible before recording the location coordinates.

If you are not equipped with a GPS receiver, put dashes (—) in boxes 63 and 64.

## VEH. NO. (VEHICLE NUMBER)

**Enter** a sequential number to each motor vehicle starting with number 1. List bicyclists and pedestrians after all motor vehicles. **Motor vehicles are listed first, pedestrians second, bicyclists last.**

## BOX 65 - POLICY NUMBER

**Enter** the Motor vehicle’s Insurance Policy number here, as it appears on the State of New Jersey Insurance Identification Card. If a New Jersey registered vehicle has no insurance, insert “uninsured”.

For out-of-state registered vehicles, insert the policy number, as it appears on their Insurance Identification Card. If no policy number is available, enter an asterisk (\*) in box 65 and explain in the narrative.

## BOX 66 - INSURANCE COMPANY CODE

**Enter** the Motor vehicle’s Insurance Code, as it appears on the State of New Jersey Insurance Identification Card. If the code is missing, place an asterisk (\*) in box 66 and explain in the narrative.

This information is necessary to send an inquiry to the Insurance Company and verify coverage.

For **out-of-state registered vehicles**, put an asterisk (\*) in the box and insert the name of the insurance company in the narrative.

## PARKED - PED - BICYCLIST - RESPONDING TO EMERGENCY - HIT & RUN

“X” the appropriate box **AND circle** the words, if applicable. *This information is necessary to assure that the owner of a parked vehicle, a pedestrian or the victim of a hit and run does not have this crash charged to their record and insurance surcharges assessed.*

**Responding to an Emergency** - This box is checked only for motor vehicles responding to an emergency and **includes** volunteer Fire/Ambulance personnel in their own vehicles.

**Hit & Run** - This box is checked for the **ACTOR** - not the **VICTIM**. Place a diagonal line in the driver/owner boxes with the words “Hit & Run” to indicate that there is no information available.

## BOXES 67 & 90 - DRIVER'S NAME

**Enter** the driver's first name, middle initial and last name, exactly as it appears on their license. If there is no middle initial, insert a dash (-). For example: If someone has an apostrophe in their name (O'Coner) the "O" is part of the last name NOT the middle initial

## BOXES 68 & 91 - NUMBER AND STREET

**Enter** the driver's street address, exactly as it appears on their license. If there is an RD number and/or a P.O. box number on the license, write it exactly as it appears, but in addition write in brackets the name and number of the street where the driver actually resides or include in narrative.

## BOXES 69 & 92 - CITY, STATE, AND ZIP CODE

**Enter** the Driver's City. State and Zip Code and license expiration date, exactly as they appear on their driver's license.

## BOXES 70 & 93 - DRIVER'S LICENSE NUMBER

**Enter** the Driver's license number, exactly as it appears on their license. If the driver has no license, write "none". If the driver has a permit, enter the permit number and the word "permit" after it.

## BOXES 71 & 94 - STATE

**Enter** the Driver's license State and use the accepted abbreviation of the state that issued the license.

## BOXES 72 & 95 - DATE OF BIRTH

**Enter** the driver's date of birth with the numerical month, day and year. Fill all boxes by preceding zeros, where applicable, e.g., 01,02, etc. Enter the dates as they appear on the driver's license.

## BOXES 73 & 96 - EYES

### NJ EYE CODE CHART

1 = Black  
2 = Brown  
3 = Gray  
4 = Blue  
5 = Hazel  
6 = Green  
7,8,9 = Other

**Enter** the N.J. eye color code for the Driver.  
Use the N.J. Eye Code Chart shown to the left.

## BOXES 74 & 97 - SEX

**Enter** the Driver's Sex: M = MALE F = FEMALE

## BOXES 75 & 98 - OWNER'S NAME

**Enter** the Vehicle Owner's name - first name, middle initial and last name, exactly as it appears on their registration. If there is no middle initial, insert a dash (-).

If the driver is also the owner and the license and registration documents contain identical information, place an "X" in the "Same as Driver" box.

## BOXES 76 & 99 - NUMBER AND STREET

**Enter** the vehicle owner's street address, exactly as it appears on their registration, **UNLESS** you have checked the "Same as Driver" box, then write the word **SAME** in this area.

## BOXES 77 & 100 - CITY, STATE AND ZIP CODE

**Enter** the vehicle owner's street address, exactly as it appears on their registration, **UNLESS** you have checked the "Same as Driver" box, then write the word **SAME** in this area.

## BOXES 78 & 101 - MAKE, MODEL AND COLOR

**Enter** the vehicle's make, model and color, as it appears on the registration, e.g., Ford Escort, Red.

## BOXES 79 & 102 - YEAR

**Enter** the Vehicle's year, as it appears on the registration.

## BOXES 80 & 103 - PLATE NUMBER

**Enter** the Vehicle's License Plate Number, as it appears on the registration.

## BOXES 81 & 104 - STATE

**Enter** the accepted abbreviation of the State, as it appears on the registration.

## BOXES 82 & 105 - VIN NUMBER

**Enter** the **Vehicle Identification Number**, as it appears on the registration. Since 1968, most domestic passenger cars were assembled with a "Vin Plate" that is visible through the windshield on the left side of the dash. The **VIN** may also be found on the nomenclature plate located on the driver's door. This number must match the registration and insurance card.

## BOXES 83 & 106 - VEHICLE REMOVED TO

**Enter** the name of the tow company if the vehicle was towed. If vehicle was driven away, enter a dash (-). Check the appropriate box to the right to indicate if the vehicle was towed or driven.

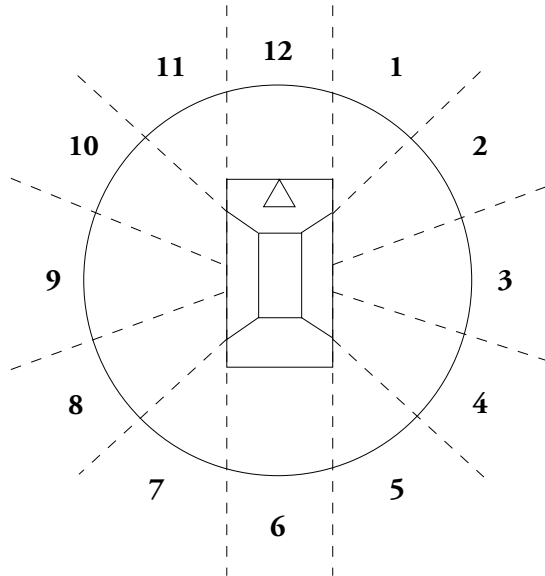
## BOXES 83 & 106 - AUTHORITY TO REMOVED VEHICLE

### AUTHORITY

- 1 - Owner
- 2 - Driver
- 3 - Police

Circle the authority that approved the vehicle's removal

## BOX 85 - AREAS DAMAGED



Enter the **INITIAL POINT OF IMPACT**, that is where the contact first began.

Enter the **PRINCIPAL POINT OF IMPACT**, that is the area that was most damaged.

Use the diagram to the left to determine the areas of Initial Impact and Principal Impact. If none of the numbers on the diagram apply, use the numbers in the table below the diagram.

Example: Vehicle #1 was struck in the rear by Vehicle #2. Vehicle #1 sustained no damage. Vehicle #2 sustained damage to the front of the vehicle. The entries would look like this:

13 - ROOF

14 - UNDERCARRIAGE

15 - OVERTURNED

16 - TOTALED

17 - NONE

18 - OTHER\*

	INITIAL IMPACT	PRINCIPAL IMPACT
VEH. 1	06	17
VEH. 2	12	12

## BOX 86 - POSTED SPEED

Enter the posted or Statutory Speed Limit, where the crash occurred.

## BOX 87 - ACCIDENT DIAGRAM

Draw each vehicle and number the vehicles to correspond with vehicle 1, 2, etc. Indicate the roadway boundaries, crossings, pavement markings, traffic controls, view obstructions and intersections related to the crash. If vehicles were moved prior to your arrival, draw as best as possible and state in box 114 that the vehicles were moved prior to your arrival. In case of serious injury or fatalities, use the supplemental sheet (Form NJTR-1B) in lieu of the diagram block for a more detailed diagram. Indicate north by placing an arrow in the circle in the upper left corner of box 87 and in the circle of the NJTR-1B.

**A DIAGRAM MUST BE DRAWN FOR ALL REPORTS.**

## BOX 108 - ALCOHOL DATA

This block is used to indicate if alcohol was a factor in the crash. You must complete this section for all involved drivers and pedestrians.

Test Given: Place an “X” in the **YES**, **NO** or **REFUSED** box to show if a test was given, If you place an “X” in the **YES** box, you must also place an “X” in one of the Breath, Blood or Urine box and enter the results in the Results box.

**Do not hold this report to await lab results.**

## BOX 109 - HAZARDOUS MATERIAL

Indicate if Hazardous Materials were involved in this crash, by placing an “X” in the **ON BOARD** or **SPILL** boxes. If you place an entry here, you must identify the Hazardous Material by entering the 4-digit placard number from the placard displayed on the vehicle. The “Diamond” box is used to place the one (1) digit number that is displayed at the bottom of the placard displayed on the vehicle.

If more than one placard is displayed on the vehicle, only enter one here and place the additional placard information in the Accident Description box (114).

**DO NOT** check these boxes if only engine fluids are spilled.

Hazardous Placards are required on any vehicle that carries more than 1,000 pounds of Hazardous Material.

## BOX 110 - USDOT CARRIER NUMBER

**Enter the USDOT Carrier number of the COMMERCIAL VEHICLE.** All Commercial Vehicle Carriers that are involved in Interstate Transport must have a USDOT number.

90% of the time, the USDOT number can be found on the driver’s side of the vehicle. The USDOT number may also be found on the passenger side of the vehicle. Look for a number preceded by the letters: USDOT.

It is important to correctly identify the right motor carrier USDOT number, which may not necessarily be the numbers located on the vehicle.

You must enter the number of the **MOTOR CARRIER THAT IS RESPONSIBLE FOR THE LOAD.**

To make sure you have the correct number, interview the driver to determine:

- a) Is the vehicle leased or rented?
- b) Who is the motor carrier responsible for this load?
- c) Who is directing & controlling the movement of the vehicle?
- d) Where is the motor carrier’s principal place of business?

By properly identifying the motor carrier on this report, you will provide the important data needed to determine the motor carrier’s US DOT safety status.

## BOX 111 - ICC CARRIER NUMBER

**Enter the ICC Carrier number of the COMMERCIAL VEHICLE.** All Commercial Vehicles that are Involved in Interstate Transport, must have a ICC number. 90% of the time, the ICC number can be found on the driver’s side of the vehicle. The ICC number may also be found on the passenger side of the vehicle. Look for a number preceded by letters.

It is important to correctly identify the right motor carrier ICC number, which may not necessarily be the numbers located on the vehicle.

You must enter the number of the **MOTOR CARRIER THAT IS RESPONSIBLE FOR THE LOAD.**

To make sure you have the correct number, interview the driver to determine:

- a) Is the vehicle leased or rented?
- b) Who is the motor carrier responsible for this load?
- c) Who is directing & controlling the movement of the vehicle?
- d) Where is the motor carrier’s principal place of business?

## BOX 112 - WEIGHT

**Enter** the **COMMERCIAL VEHICLES GVWR** (Gross Vehicle Weight Rating).

This can be found on the “Vin Plate” or the registration. Use whichever weight is greater and use the total weight. Use the combined weight of the tractor-trailers.

## BOX 113 - CARRIER NAME

**Enter** the **COMMERCIAL VEHICLE** Carrier Name for each vehicle that corresponds with the US DOT and ICC Carrier number in boxes 110 and 111.

## BOX 114 - ACCIDENT DESCRIPTION

Describe what occurred. All narratives should include 3 basic segments:

- 1) An outline of physical facts
- 2) A synopsis of the operators and witness statements
- 3) An objective evaluation statement by the Officer

This area is also where you would explain any entries that had asterisk information coded throughout the form. It is suggested that you also include what a pedestrian or bicyclist was wearing at the time of the crash. Note here if any photos were taken.

Use supplemental page NJTR-IA for extra space to complete all facts.

## BOX 115 - DAMAGE TO PROPERTY

List all **OTHER** property damaged that occurred as a result of the crash, other than the vehicles involved. Make sure you list the property owner’s name and address, along with the description of the property that was damaged.

## BOXES 116 & 117 - CHARGE - SUMMONS NUMBER

**Enter** the Driver number who received the summons, the charge (statute number) and the Summons Number listed at the top of the ticket. List only one per driver here, the most serious offense. List additional charges in the narrative, identifying the driver.

**DO NOT** list the description of the charge in this box, enter the **STATUTE** number.

## BOX 118 - OFFICER’S SIGNATURE

The investigating officer **MUST** sign his/her name in this box or the report is not valid.

## BOX 119 - BADGE NUMBER

The investigating officer **MUST** enter his/her badge number in this box.

## BOX 120 - REVIEWED BY

The officer who reviews the report should check it for accuracy, proper content and completeness. The reviewed report should be forwarded to the processing agency after the reviewer enters their initials in this box along with his/her badge number.

## BOX 121 - STATUS

Check the box pending or complete to indicate the status of the crash report investigation.

The meaning of **COMPLETE** here refers to your report NOT the investigation. If you have completed your report of the crash, forward it to the processing agency. If additional information is obtained at a **later** date, send a change report

You are reminded of 39:4-131 which states that crash reports **SHALL** be forwarded to the processing agency within five (5) days after the investigation.

## BOX 122 - NUMBER OF VEHICLES

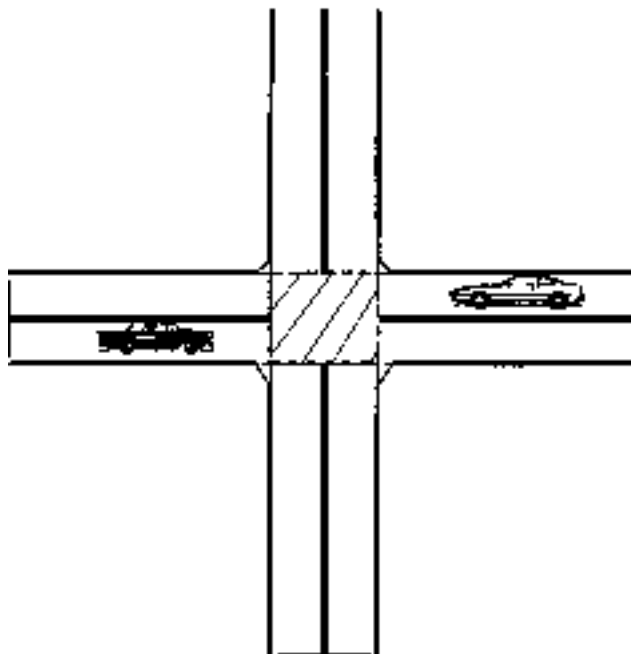
**Enter** the total number of **motor vehicles** involved in the crash. This total should correspond with the number of entries in boxes 75, 98 and additional NJTR-1 reports for the same crash. **A Pedestrian or Pedalcyclist is not counted in this number**

## BOX 123 - DEP CASE NUMBER

**Enter** the DEP (Department of Environmental Protection) case number in this box. This number will be assigned by a DEP agent when they are called to investigate a spill relating to any type of crash.

### Definition of an Intersection As per Title-39

“Intersection” means the area embraced within the prolongation of the lateral curb lines or, if none, the lateral boundary lines of two or more highways that join one another at an angle, whether or not one such highway crosses another. The square in the center of the drawing below is an example of the area deemed to be an intersection. Any crash that occurs outside of the square of the intersection will have blocks 55, 56, & 57 completed at the top of the NJTR-1



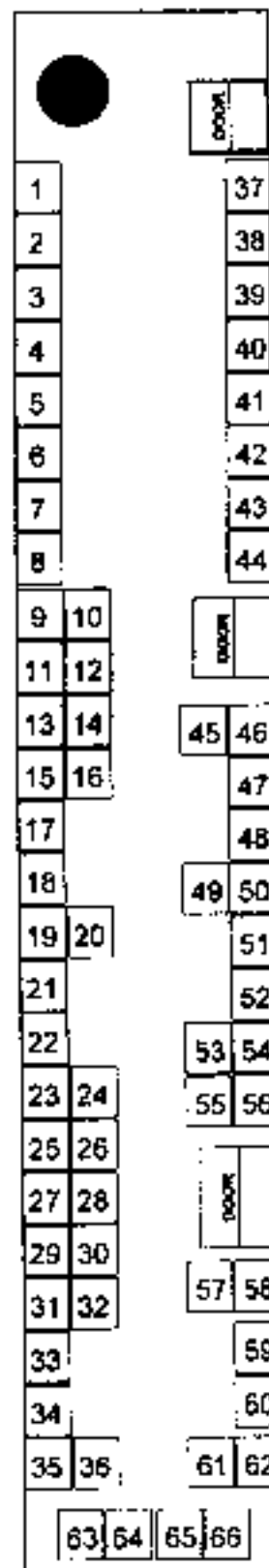
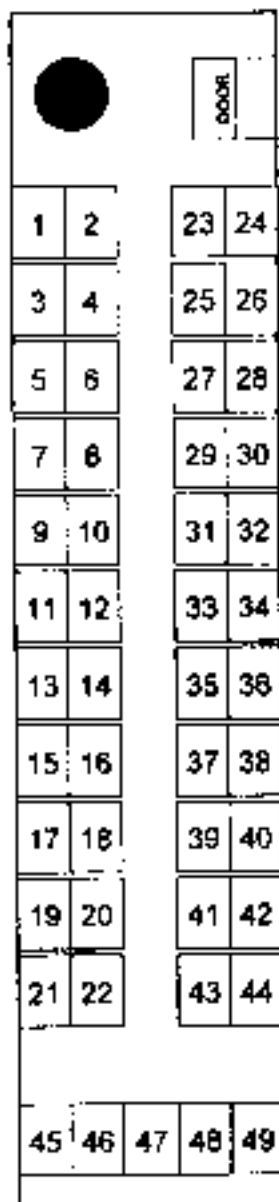
# BUS SEATING ARRANGEMENT

## MCI-9, EAGLE & FLXIBLE

## FLXIBLE TRANSIT & NOVA 06

## VOLVO ARTIC

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REAR

Police Agency \_\_\_\_\_

## STATE OF NEW JERSEY

## MOTOR VEHICLE CRASH DESCRIPTION

Police Agency \_\_\_\_\_

Station \_\_\_\_\_ Case No. \_\_\_\_\_

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54 \_\_\_\_\_

## SCHOOL BUS

(full size)

● DRIVER			DOOR →	
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50
51	52		53	54

## MINIBUS

● DRIVER			DOOR →	
1	2		3	4
5	6		7	8
9	10		11	12
13	14		15	16